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On Coffee—its Medicinal, Disinfecting, and Dietetic Properties.

By JAMES PAUL, M. D., Trenton. Read before the Mercer County Medical Society.

It is not only interesting, but of great practical importance, to make one's self acquainted with the qualities and virtues of any substance which may be in general use, either as a medicine or an article of food. The quantity of coffee imported into this country, amounting in value to \$8,199,129, or, on a rough average, of from one hundred to one hundred and fifty millions of pounds in weight, and about the same value in teas, would indicate a very large consumption of both these articles.*

Nor is the supposition fallacious; for we are aware that coffee, as well as tea, is most extensively used all over this country; and not only as a beverage with the morning or evening meal, but, in many instances, they are made a principal article of food, and introduced at breakfast, dinner, and supper. It is when they are used in this manner, and to an extent which cloy the appetite, and prevents the due consumption of more nutrient food, that the use of tea or coffee becomes injurious to the system. While it satisfies the demands of the stomach, and serves in a *negative* manner the purposes of a more nourishing aliment, it does not possess the nutrient constituents necessary for the support of the frame; indigestion and emaciation follows; and the individuals lose the robust health a more nutritious diet might enable them to enjoy. I design, with your permission, to occupy a brief portion of our time, this afternoon, with an examination

* The importations in 1850 (the exportations being deducted), coffee, \$12,515,070; tea, \$3,468,141.

into the virtues of coffee as a therapeutic and disinfecting agent, and as an article of diet.

Coffee, used as an aliment in families, is an infusion of the kernel or seed of the coffee-berry, derived from the coffee-tree, the *Coffea Arabica*; cultivated, as the name implies, in Arabia, in Persia, the East Indies, and islands in that quarter of the globe, the West Indies, and South America. It is said that "the true name is Caffé, from *Caffa*, a province in South America, where the tree grows spontaneously in great abundance." We are also told "it derives its name from *Kofuah*, a mixing together, Hebr. so called from the pleasant potation which is made from its berry." And again, on the authority of an Arabic MS., "Coffee comes from the Arabic word *Kahwa*, loathing. It was first employed at Mecca, in the exercises of religion, to drive away sleep from those who watched at night; but was probably a common drink among the people of Yemen long before being introduced among the followers of the Prophet. By the end of the ninth century of the Hegira, it had become a favorite drink all over Arabia. It was sold at Mecca and Cairo in coffee-houses; which, becoming the resort of gamblers and idlers, brought it into disrepute. Coffee was denounced by philosophers, physicians, and cadis. Great discussions arose, and more than once its sale was forbidden; the coffee-pots were broken, and the venders of the supposed poison were mercilessly bastinadoed. Nevertheless, the number of its admirers increased, and, through good and evil report, wrote poems and songs in its praise."

The coffee-tree, as cultivated in the West Indies, is either allowed to grow up, or it is more usually topped, causing the lower lateral branches to spread out into a bushy umbrella-form. This latter is by far the most convenient for picking. As the berry or fruit becomes ripe, it is picked off the tree or shrub. The seed or kernel, the coffee, so called, being inclosed in a pulpy covering or *pericarp*, of the size of a good-sized gooseberry, or small plum, which reddens, like a cherry, as it becomes ripe.

This pulpy covering is either taken off by machinery with plenty of water, in its wet state, or it is allowed to dry, and is then broken and winnowed; the thin membrane covering or adhering to the coffee-berry or kernel, is then rubbed off, and the

individual grains, of which there are two in each of the fruit, being dried, and clean-picked, are ready for market.

I need scarcely enter into the manner in which it is prepared for food, inasmuch as this is supposed to be thoroughly understood by every housekeeper; yet there are few indeed of the many who either understand or care in what manner this is performed; whether the fine aroma of the berry is retained or destroyed; whether it is made by displacement or by boiling; whether it is an infusion or decoction; or whether we have an aromatic cordial, or a compound at once bitter and disagreeable to the taste.

However much the use of coffee has been cried down by some, and even made the subject of discourse by itinerant lecturers—who, generally possessed of but one idea, move from place to place, giving vent to some theory which they may have adopted, promulgating the same as the only means by which health can be secured, disease prevented, life preserved, and death itself averted—yet it has been very long in general use in foreign nations; and, from having been in the first place a luxury, has now become in England and in this country almost a necessary of life. Can we account for this? Let us examine its constituents, and in what manner coffee acts on the human system, and then we shall be better able to understand whether it is poisonous and pernicious, or whether it is endowed with remedial virtues and nutrient qualities—whether hurtful or beneficial to the human frame.

And, first, of its therapeutic virtues.

Coffee has been recommended to relieve obstinate spasmodic asthma; and for this, one ounce of the strong infusion was directed to be taken without milk or sugar, for a dose; the same to be repeated, fresh made, in a quarter or half an hour.

As an antifebrifuge it has long had a high character; particularly when drunk early in the morning. For this purpose those living in marshy situations in a tropical climate hold it in high estimation. And we are told that in Batavia it is used in place of quinine.

In headache from weakness of stomach, contracted from sedentary habits, close attention, or accidental drunkenness, if coffee

can be drank within an hour after dinner, it is said to be of singular use. And in *idiopathic migraine*, attended with great depression of spirits, a physical and moral prostration, the *citrate of caffeine* has been spoken of by M. Hannon in the highest terms.

In diarrhœa and infantile cholera, Dr. Pickford speaks highly of its great importance and valuable effects. His plan is to infuse from one-half a scruple to two scruples of coffee in two ounces of water, adding one ounce of syrup, and giving a large spoonful every hour.

The benefit of coffee has been extolled in bilious diarrhœa, when given in small doses ; but it has a purgative effect in large doses.

In whooping-cough, Dr. Jules Guyot has lately recommended the use of coffee as a remedy. He states, that "*café à l'eau*, hot and well sugared, in suitable doses, taken four times daily, or oftener, will cure in two to four days the most obstinate cases." The knowledge of the efficacy of coffee in whooping-cough, Dr. Guyot states, was accidental, but since then he has successfully used it in sixty cases.

It is apparent from what has been already stated that, as a medicine, coffee is valuable, and would be perhaps more used for its remedial effects were its virtues more known, and not merely looked upon as an article of diet. How far the following may be relied on I am not prepared to say, but I consider the communication worthy of notice. It is taken from the *Southern Medical and Surgical Journal*, for 1835. "Almost every mother has observed the different influences of tea and coffee in the function of lactation ; and mothers abounding in excess of this secretion, have found that the liberal use of coffee has not only failed to produce, like tea, an increase ; but, on the other hand, has with great uniformity tended to lessen the quantity. So well observed has this fact been, that nursing-women, wishing to dry or lessen their lactation, have learned to adopt the use of coffee as a diet ; and, on the contrary, to live liberally on tea when they desire an increase."

We proceed now to the disinfecting or rather effluvia-destroying property of coffee. "Coffee," says a writer in the *Medical*

Gazette, 1849, "is one of the most powerful means not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat in an advanced degree of decomposition had been kept for some time, was instantly deprived of all smell, on an open coffee-roaster being carried through it, containing a pound of coffee newly roasted. In another room, exposed to the effluvium occasioned by the cleaning out of a dung-pit, so that sulphuretted hydrogen and ammonia in great quantity could be chemically detected, the stench was completely removed within half a minute, on the employment of three ounces of fresh roasted coffee. Even the smell of musk and castor, which cannot be overpowered by any other substance, is completely dispelled by the fumes of coffee. It was remembered, however, that, in general, animal effluvia was more readily affected by it than vegetable."

This very valuable property of coffee may at all times be used with the utmost advantage, when other effluvia-destroying agents may not be easily procured. The author of this interesting notice, in explanation of the *modus operandi*, states: "That here an actual neutralization, and not a mere envelopment of matter, takes place, is shown from this—that the first fumes of the coffee were imperceptible, and continue so till a point of saturation, so to speak, is reached, whereupon the obnoxious smell disappears, and that of coffee predominates."

In a very interesting paper, read before the Medical Association, "On the Influence upon Health of the introduction of Tea and Coffee in large proportion into the dietary of children and the laboring classes," Dr. Jackson enters very fully into the merits of the substance as an article of diet. He first points out that, "of the aliment that is adapted to healthy nutrition, one-eighth part only consists of albumen, or its protein compounds, or their derivative compounds; and whatever is devoid of those substances—that is, the chemical combination of carbon, hydrogen, nitrogen, and oxygen, in the proportion to constitute protein ($C_{40}H_{30}N_8O_{12}$) or albuminous compounds, cannot perform the office of food, or be fitted for nutrition."

Dr. Jackson alludes to an error very frequently made, relative to the nutritious properties of substances containing nitrogen.

He states: "Some of the most eminent organic chemists and physiologists, appear to suppose that any organic nitrogenized body may answer for nutrition. This is not so. For instance, *caffeine*, the base or alkaloid of coffee, is an organic nitrogenized body; yet," he adds, "cannot be ranked as food. It is the possession of the specific combination of which protein is the base, that can alone entitle any substance to rank in this class." So much for *caffeine*, the essential constituent of coffee.

But in a subsequent portion of the same interesting paper, in alluding to the elaborate examination of the proximate constituents of *coffee* itself, by M. Payen,* Dr. J. states: "From this composition of coffee, it is evident the grain is endued with nutrient or plastic and calorific elements, and consequently is an aliment; yet the proportion of these elements is not sufficient to place it in a high rank, or to justify the substitution of its infusion as a chief material of food, by those who are engaged in active and laborious pursuits."

[To be continued.]

* M. Payen's analysis of coffee:—

Cellular,	34
Fat substances,	10 to 13
Glucose, dextrine, and an indeterminate vegetable acid,	15.5
Legumin, caseine, gluten,	10
Chloraginate of caffeine and potassa,	3.5 to 5
Azotized organic matter,	3
Free caffeine,	0.8
Insoluble cosmetic vegetable oil,	0.001
Fluid, aromatic essence of sweet odor, and a less soluble acid aroma,	0.002
Mineral substances, potassa, lime, magnesia, phosphorus, sulphuric, silicic acids, and a trace of chlorine,	6.697
Water,	12.
	<hr/> 100.

EXTRACT FROM THE MINUTES OF THE 86TH ANNUAL MEETING
OF THE NEW JERSEY MEDICAL SOCIETY.

Death of Dr. Whitfield Nichols.

Dr. PENNINGTON asked permission to occupy for a few moments the attention of the Society, to perform a duty in behalf of his colleagues of the Essex District, and addressed the Society substantially as follows:—

It is but a few short months, Mr. President, since, in the absence of a more suitable person, it devolved upon me to announce to this Society the death of your lamented predecessor.* It becomes my duty to-day, at the request of my colleagues, to communicate the decease of one who, but for the interposition of an all-wise Providence, would in the ordinary course of procedure have been soon called to succeed you in the chair you occupy. Associated as I have been with him whose death I am to announce to you, as a companion in childhood; a classmate in the emulations of the primary school, the academy, and the college; a fellow-student in the medical office and the medical school; and for twenty years a competitor in professional practice; and having been permitted, during the whole period of this intercourse, the enjoyment of an intimacy of the most confidential and friendly character, I approach the discharge of the sad duty assigned me with feelings nearly allied to those which might be supposed to possess one called to pronounce a eulogy over the grave of a brother; and I must claim your indulgence if, in announcing a brother's death, I speak with a brother's partiality, and betray somewhat of a brother's emotion.

WHITFIELD NICHOLS was born in the town of Newark, in this State, on the 6th day of February, 1807. Descended of a family which, through all its branches, has retained in a remarkable degree the simplicity of manners, honesty of purpose, and integrity of life, that distinguished the early settlers of the place of his

* Dr. Elias J. Marsh.

nativity, he united with those ancestral attributes solid intellectual qualities, and a judgment and discrimination rarely excelled. Having given early manifestations of these qualities, it was determined that he, of a family of five sons, should enjoy the advantages of a liberal education ; and, accordingly, at the age of eleven years, he was placed under competent instructors, in order to a preparation for college. He entered the junior class of the college of New Jersey at Princeton, in the fall of the year 1823; and having maintained a high standing throughout his collegiate course, he graduated, with distinguished reputation, with the class which left that institution in the year 1825. Out of this class, that venerable college added nine to the long list of her contributions to the medical profession, a list already enriched with the names of Shippen, and Ramsay, and Rush, and Hosack, and the Rodgerses, father and son, and other still living men of distinguished fame. On the completion of his academic course, Mr. N. entered the office of the late Dr. Samuel Hayes, a gentleman of whose modest worth and solid learning many of our venerable friends to-day present with us retain cherished recollections. My own relations with that gentleman afforded me peculiar opportunities of knowing his estimate of the young men under his instruction ; and I can confidently say that, of the many pupils educated by him for the profession, none shared more largely in his regard, or, in his estimation, gave greater promise of usefulness than the subject of our notice. After spending a suitable time under private tuition, Mr. N. repaired to the city of New York, where he attended two full courses of lectures of what was then called "the Medical Faculty of Geneva College;" a board of instructors at one time in connection with Rutgers's College, in this State, having for its professors such men as Drs. Hosack, Mott, Francis, Macnevin, Griscom, Godman, and subsequently Bushe, which though it met with unrelenting opposition from the regents of the University and the legislature of New York, for several years attracted large classes of students, and maintained a course of instruction unsurpassed by any contemporaneous institution in the country. From this Faculty Mr. N. received his diploma in medicine, in the spring of the year

1829; and the same season he obtained license to practise physic and surgery, under the hand and seal of our respected friend, Dr. Jephtha B. Munn, then President of the Medical Society of New Jersey. Dr. Nichols immediately opened an office in his native town, and was rapidly growing into public favor and confidence, when, his many excellent qualities becoming known to Dr. John S. Darcy, then as now a successful and popular physician in the place, a proposition was made to him by that gentleman to enter into business connections with him. This proposition was accepted; and the relation thus happily established was continued, with mutual satisfaction, until about three years since, when Dr. D. temporarily withdrew from practice, to visit a remote part of the country. I do no injustice to that gentleman—indeed, I know I but reflect his own generous sentiment, when I say that, while the relation subsisted, Dr. D. derived no less valuable aid from the science and discriminating judgment of his colleague, than from the alleviation afforded him of his physical labors.

Dr. N. had for several years been suffering from symptoms of bronchial and pulmonary disease. As long ago as the year 1837 he was obliged, for a season, to relinquish his practice, and repair to the West Indies on account of impaired health. After a short sojourn, he returned partially restored, and resumed his professional duties; and, though his energies were for years oppressed by the insidious disease which was wasting him, he continued in the faithful discharge of those duties until within a few months of his decease. In the month of July last, he was compelled, by increasing physical exhaustion, to seek the seclusion of his chamber; where, solaced by those assiduous attentions that devoted affection knows so well how to bestow, and cheered by the hopes which, founded on an unwavering faith, can scatter radiance even amid the gloom of the chamber of death, on the 9th day of December last, in the 45th year of his age, he insensibly, and without a murmur, sank into his last repose.

It would be a grateful task, Mr. President, to dilate at length on the many virtues that adorned the character of our deceased friend; but the large amount of business which must be crowded into the few hours we can be together, forbids more than a brief

reference. I have already alluded to his fidelity, even when fatal disease was preying upon him, to the demands of professional duty; and I may add, that he never considered that duty discharged when he left the bedside of his patient. Every case was carried to the retirement of his study, and there, all its varied phases and relations were estimated and weighed by a mind disciplined by severe training, and well-stored with pathological and therapeutic knowledge. As a necessary consequence, he acquired a remarkable accuracy of diagnosis, became eminently successful as a practical physician, and attained a place in the confidence of his medical brethren, which always secured for his opinions and counsel the most respectful consideration.

Dr. N. was a sincere lover of his profession. Every discovery that promised to promote its advancement and add to its resources, he hailed with lively interest; while his constitutional caution and truly conservative spirit led him to resist every innovation which was not founded on scientific investigation or enlightened experience. The medical societies of the State and county had no warmer friend. The various measures from time to time contemplated with a view to extending their usefulness, he always regarded with anxious concern; and in the recent revision of the fundamental regulations of this Society, though his temperament disinclined him to mingle in the discussions on this floor, his counsels, sought and prized by those on whom circumstances imposed the duty, exerted an important influence.

Dr. Nichols was a ripe scholar. Proficient in every department of academic learning, he was especially distinguished in the mathematical sciences, toward which his natural tastes disposed him; and to the early discipline of his mind in those abstract studies was doubtless, in large measure, due the deliberation and nice discrimination which formed such prominent traits of his professional character. Nor was Dr. N. wanting in literary acquirements. Though he published but little, he had a cultivated taste and a just appreciation of the power of language, used it with great precision and propriety, and wrote neatly, forcibly, and well. The address he delivered on his accession to the vice-presidency of this Society—which office he held at the time of his decease—on the diseases incident to old age, affords

a favorable specimen of just sentiment happily expressed, conjoined with a geniality of feeling which reflects no less honor on the impulses of his heart than do the thoughts it embodies on the character of his mind.

Dr. Nichols was a man of decided religious sentiments. In the year 1831 he made profession of the Christian faith, and through the remainder of his life he adorned that profession by a consistent though unostentatious walk and conversation. He early connected himself with the church of his ancestors, and ever maintained, in its integrity and purity, an unwavering attachment to its excellent system of doctrine and discipline.

Dr. Nichols was remarkable for his candor and sincerity. Envy and suspicion, the vices of narrow minds, formed no part of his composition; but a high sense of honor and courtesy characterized all his intercourse. If there ever was one of his medical competitors, towards whom he exhibited or entertained an unkind feeling; if there ever was one who entertained an unkind feeling towards him, it has not been my misfortune to know him. In all the relations of domestic and social life in which it was his lot to stand, his deportment was exemplary. He was an affectionate husband, a devoted son, a faithful friend. May it be our aim, while we cherish his memory, to emulate his virtues; and may it be as truly said of each of us, when we shall successively follow him to man's last bourne, as it can most emphatically be said of him, that he died a scholar, a gentleman, and a Christian.

I am requested, Mr. President, by my colleagues, to present the following resolutions:—

Resolved, That the Society have heard, with unfeigned regret, of the death of Dr. Whitfield Nichols, for many years a valued member of the profession, and at the time of his decease one of the Vice-Presidents of the Society.

Resolved, That while we mourn the loss that this Society and the community in which he resided have sustained in his decease, we would record with grateful emotion our high estimate of his many virtues, and hold before our minds for imitation that union of unaffected modesty with professional excellence by which the deceased was distinguished.

Resolved, That the foregoing resolutions be placed on record in the Mi-

notes of the Society, and that a copy of the same be sent, with the respectful sympathies of the Society, to the family of the deceased.

The following preamble and resolutions having been received, we cheerfully give them insertion, as we are always glad to place on record every memorial of the worthy dead that may stimulate the living to deeds of virtue. We remember Dr. Nichols for his gentleness of disposition, and cherish his amiable example as worthy of imitation.—ED.

MESSRS. EDITORS : At a recent meeting of the Clisosophic Society of the College of New Jersey, the following preamble and resolutions were adopted :—

Whereas, The Clisosophic Society has heard with unfeigned regret of the death of one of its graduate members, Dr. Whitfield Nichols, of Newark, N. J. ; therefore

Resolved, That we offer our kindest sympathies to the family and friends of the deceased, afflicted as they must be by the loss of one so well calculated to endear himself to those with whom he associated.

Resolved, That we consider his example, whether in the practice of his arduous profession, or in his duties as a citizen and a Christian, as well worthy to be followed by each of us.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and that they be published in the *Newark Daily Advertiser* and *New Jersey Medical Reporter*.

By Order of the Society.

Feb. 21, 1852.

Leaves from my Note-Book. By J. HENRY CLARK, M. D., of Newark, N. J.

No. 1.

CASES fall under the observation of every physician which, if properly observed and carefully recorded, would materially serve to promote the advance of medical knowledge. It is a subject of regret to me that I have not more fully adopted the course which I suggest. Among the cases which I find recorded in my note-book, there are several, it appears to me,

which might be deemed by the readers of your excellent journal to be worthy of publication. Such records are valuable to the physician, because they impress upon his mind facts which would otherwise be crowded out by a press of professional duties, and because they furnish data to which he may afterwards refer with profit. The publication of facts is far more likely to prove interesting than the elaboration of theories, to illustrate which cases have been carefully looked up and adapted. There are undoubtedly daily developments, within the sphere of our observations, which illustrate truths yet half revealed, that by and by are to take their places among those well known and appreciated. To anticipate that period, and to aid in the development of important practical truths, is the bounden duty, I apprehend, and high privilege of all who, holding mainly to the faith of our medical fathers, would assist in elevating, upon the *very same* immortal *foundation*, the ever admired but ever unfinished structure of medical science. Like the kindred profession of divinity, the great principles of medicine lie so much deeper than the theory or practice of its professors or teachers, that new and conflicting doctrines will forever continue to spring up to the scandal of the profession, and the confusion of every serious inquirer after knowledge.

CASE I.—Illustrates the evil influence of mesmeric experiments upon susceptible subjects, who unfortunately are most readily influenced by their manipulations.

Miss D., aged 18, of feeble constitution, wearing a sallow, cachectic countenance, of very nervous habit, consulted me in the spring of 1848 on account of habitual irregularities of menstruation. Tonics and a prudent regimen restored her usual health. During January, 1849, she fell into the hands of a mesmerizer, who found her a "good subject." His manipulations were frequent, and she seemed to suffer more and more after each visit of her operator, till at length, *Feb. 18th*, I was called to prescribe. Found my patient sitting in an easy-chair, her shoulders violently jerked from side to side continually, with shuddering aguish sensations, unable entirely to control the motions of the body. Her lower extremities were less affected,

but she dare not trust herself upon her feet, nor could she control their action. Her countenance was sallow, pinched, and anxious. She complained of great difficulty of breathing, and a "strange feeling about the head," and an "inward motion." I was assured by her friends that no such symptoms were ever observed before the experiments were made upon her nervous susceptibilities; and upon careful inquiry, I learned that, ever since these operations, these or like symptoms in a far less degree had been observed, and flippantly accounted for by the quack. The most unpleasant symptom in her case occurred in violent paroxysms of a few moments' continuance, between which there was a period of quiet. As these paroxysms came on, a young lady who had frequently seen her mesmerized, who sat by, remarked: "That is just the way she always acts when he is bringing her out of it." Considerable questioning elicited the information that of late she had many other hysterical symptoms in connection with her mesmerizing. Her bowels were torpid. There was considerable tenderness on pressure upon the bodies of the third, fourth, and fifth cervical vertebræ. The patient was very dyspeptic.—Ordered a cathartic and a blister to be applied on each side of vertebral column—also gave anti-spasmodics.

19th. There was evident improvement.

20th. Improvement still continues; ordered tonics in addition, and directed that she should not see the mesmerizer, nor be spoken to of him, for I learned that she had seen him, which excited her greatly. Talking of him seemed to produce excitement and an aggravation of her symptoms.

22d. While sitting by her she was seized with an attack of opisthotonos, and sunk backward from her chair upon the floor. These convulsions were purely of an hysteric character, and there was a momentary want of consciousness. Administered a strong solution of gum assafetida, valerian, ether and ammonia, to her considerable and speedy relief.

23d. Complained of difficult breathing, confusion of mind, and "globus hystericus;" says: "I cannot think;" laughed commonly without reason.

To detail the symptoms for the next five days would be but to

enumerate the prominent symptoms of almost every disease to which our race is subject.

Ordered quinine, in increased doses, with antispasmodics, placing reliance principally upon assafetida to fulfil the indications for this class of remedies.

March 1st. Found my patient decidedly improving.

6th. Her improvement was stayed by a severe paroxysm, in consequence of some error in diet. The pulse was very feeble; ordered London porter in small and oft-repeated doses.

13th. Very considerable improvement.

April 1st. Improvement still manifest; countenance began to lose the sallowness and her eye the heaviness before observed. Her face became broader and wore a more intelligent expression. Insisted upon her removal from home.

12th. Has been separated from the association of home since April 1st. The effect has exceeded my expectations, although I expected much from removal. Directed her to be kept much in the open air.

Two years have now elapsed, and Miss D. has had no returns of her former symptoms; and, to this day, she expresses great dread of mesmeric experiments.

This case appears to me the more important, as *proving* distinctly that the susceptible female cannot but be injured by all kinds of experiments of this class. The new fashion which prevails among these adventurers, just now so taking with the credulous, of "mysterious knockings" and supernatural communications, cannot fail to exert an unpleasant influence in those circles where they become the frequent theme of remark. This is no new thing after all; every age has presented a counterpart; but its direct influence upon the health cannot be uninteresting to the medical observer.

CASE II.—Mrs. H., aged twenty-nine, of nervous temperament and feeble constitution, who had borne two children, consulted me February 5, 1847, for the relief of a peculiar affection of the eyes.

I found at the inner canthus of one eye a well-defined triangular spot, the apex of the triangle looking towards the pupil,

the base filling the angle of the eye. This triangle was filled with a network of vessels carrying red blood, presenting the appearance of active inflammation, while the rest of the eye had a natural appearance. This was always accompanied by severe headache and a bilious sallowness of complexion. The secretions of the liver were irregular and unhealthy. Her menstrual periods occurred regularly. Careful inquiry, however, developed the fact that the menstrual secretion had been insufficient in quantity ever since she was exposed, during their flow, to a draught of night air, when looking at a fire from an open window in her night-dress. I learned that this peculiar appearance of the eyes was first observed soon after that period, since which four years have elapsed.

Believing the principal cause of disease to depend on the partial suspension of the menstrual secretion, also upon derangement of the liver, I combined emmenagogue medicines with mercurial alteratives in small doses, giving careful attention to regimen and diet. At the end of two months this phenomenon was no longer observable, and my patient greatly improved in health. After six months this appearance of the eyes was again observed. The same course of treatment was resumed with the same favorable result, and she soon became pregnant after an intermission of five years, went on to full time, and was safely delivered.

Three years have elapsed, and no return of this affection has been observed.

CASE III.—*Catalepsy caused by Menorrhagia*.—Miss T., aged twenty, menstruated at sixteen; continued to do so regularly till within about two years of July, 1847, when she came under my care. I found that she was accustomed to a profuse discharge, having the ordinary appearance of the menstrual flux, every three weeks, accompanied with cataleptic convulsions, and very great subsequent exhaustion. Scarcely had she time to recover from one attack before another supervened. Her countenance was haggard and sallow; her pulse quick; her tongue coated; and in mind greatly dispirited. She had been subjected to many forms of treatment without success.

Ordered tinct. ergota gtt. x, every two hours, with blister to the sacrum. Continued this treatment till I obtained numbness of the extremities. I ordered in conjunction ferruginous preparations, liberal diet, and cheerful society. Improvement commenced in the course of ten days, and in about three months she was entirely cured. Nearly four years have elapsed, and she continues to enjoy uninterrupted health.

CASE IV. — *Oil of Turpentine in Neuralgia.* — Mrs. L., aged fifty-five, consulted me in May of 1847, for the relief of pains mostly in the extremities, which appeared to me to be of a neuralgic character. Her sufferings were represented to be greater at night; her tongue was very slightly furred; still, she seemed otherwise in tolerable health. She was evidently of a nervous, excitable temperament.

Learning that she had taken every remedy that I am aware is prescribed for this form of disease, I decided to try the oil of turpentine, which I had recently used very successfully in a case of sciatica. Disguising the article with the spirits of lavender, I furnished it to my patient with the direction to take ten drops morning and evening. The remedy seems to have proved entirely successful. About six months afterwards she applied for more of that medicine, declaring that she had enjoyed more immunity from pain at night since taking it than for years before, and that she "could not live without the medicine."

About the same time in 1848, I was called to see her, when suffering under severe grief, because her only and half-idiot son had enlisted in the army and gone to Mexico. After using other appropriate remedies, I again resorted to the same article with the same result.

I have since prescribed the article several times in neuralgic affections, and know of no remedy in the use of which I at present feel more confidence, for the cure of diseases termed neuralgic.

I am disposed to believe that turpentine is an article of far greater pharmaceutical value than it is regarded, and deserves higher rank among our list of remedies. Having observed during a visit in Florida last spring, that turpentine was largely used as

a domestic remedy by the most ignorant among the natives, who simply "chipped" a pine-tree near their doors, and making a tea of the chips, employed it, or the gum that oozed from the wood, for the relief of colds, coughs, rheumatisms, wounds, and various other maladies, I have repeatedly tried it, and have found it to be a most valuable stimulating expectorant, diaphoretic, as well as one of the very best anthelmintics. I observe that it is much more highly prized as a remedial agent by the profession at the South than in our meridian.

[To be continued.]

Obstetric Cases.—Rupture of the Uterus, and a Case of Scalping. By STEPHEN W. WILLIAMS, M. D.

Rupture of the Uterus.—On the 20th of April, 1845, I was called to visit the wife of A. A., of Wendell, in travail. I had been with her twice before in labor, and delivered her both times with instruments. The first time she had been under the care of Dr. Bradford, of Montague, for thirty-six hours. Finding no prospect of delivering her without the use of instruments, I applied the forceps and delivered her of a dead child. Two years afterwards she became again pregnant, and at the time of travail she again sent for me, and insisted upon it that I should again deliver her instrumentally. More to gratify her feelings than in accordance with my own judgment, I applied them, and delivered her of a large and living child.

Two or three years after this she was attacked with dropsical complaints, and placed herself under my care. Her feet, legs, and abdomen, were considerably enlarged and cedematous. I prescribed for and attended upon her for some time, when, after a while, I understood she was cured. She became pregnant again eight years after the last delivery. She was attacked with labor pains at one o'clock on the morning of the 20th of April, and sent for Dr. Cook, of Wendell. He examined her, and found labor progressing well, with a right presentation of

the head, and before noon there was every prospect that she would soon be safely delivered. She was, however, extremely anxious that Dr. Cook should apply the forceps, which he accordingly did, very cautiously; but he thought he should not succeed in delivering her in that way, and took them off again. Her pains continued hard and regular till one o'clock, when they entirely subsided. She then expressed an anxious wish that I should be sent for, and a messenger came immediately for me. As I lived about a dozen miles from her, I did not arrive there till about five o'clock in the afternoon. Upon examination, I found a right presentation of the head, and the patient not apparently greatly exhausted. She was, however, rather restless and uneasy. Believing that her pains might soon be excited again, we gave her twenty grains of ergot, and waited the usual time for its operation. It excited some action in the uterus in about half an hour, but nothing like labor pain. She complained wholly of pain in the upper part of the abdomen and uterus, and of soreness there. She continued thus for some time, restless and uneasy, when we prescribed an anodyne for her, which at first did not seem to relieve her, or induce rest, but, after a while, she appeared to be more quiet, and inclined to sleep. At this time there appeared to be but little flagging of the pulse. As I had been broken of my rest for some nights before, I lay down at about eleven o'clock, with an injunction that I should be called upon on the return of labor pains. About an hour afterward, Dr. Cook came to me, and said she was still very restless and uneasy. I immediately arose, but before I could reach her bedside she had breathed her last.

The case was altogether mysterious to me, and I proposed a *post-mortem* examination at a proper period after death. She died about twelve o'clock in the morning, and at about six o'clock A. M., Dr. Cook made an incision into the abdomen, and we found the feet, legs, and one arm of the child lying floating on the bowels of the mother. The uterus had ruptured at its fundus, or upper part, and the rent was sufficiently large for me to take the child out of this aperture. The uterus here was very thin, dark-colored, and diseased. A considerable quantity of dark-colored fluid was taken from the cavity of the abdomen. Proba-

bly the disease and thinness of the uterus was owing to this acrid fluid lying in contact with it. No farther examination was made; the child was dead; the last motion of it which the mother felt was about noon.

In 16,414 cases of midwifery recorded by Dr. Collins, there were thirteen cases of rupture of the uterus or vagina, which is about one in twelve hundred and forty-seven. In 42,768 patients, of five eminent practitioners, viz., Clarke, Merriam, McKeever, Collins, and Pacaud, sixty-five cases of ruptured uterus occurred. Dr. Hamilton, Dr. J. Clark, Dr. James Hamilton, Mr. Powell, Mr. Birch, Dr. Douglas, Dr. Labit, Mr. Frizzel, Mr. Kite, Mr. Smith, Mr. McIntyre, Dr. Hendrin, Mr. Brooke, Dr. Davie, according to Churchill, and Dr. Maxwell, of America, have each recorded one case of cure.

A Case of Scalping.—In the month of January, 1851, I was called to the wife of J. G., in labor with her second child. I reached the patient about dark, but, I believe, candles had not been lighted. She was taken in labor in the afternoon. I lived two miles from her, but was not sent for till after sundown. About that time, labor advanced very rapidly, and one of the attendants, an aged lady, somewhat dim-sighted, made an examination, and supposed that the placenta was presenting. The patient was screaming horribly, and said she was flowing to death. The old lady had formerly heard a physician say, that in case the placenta presented first, it must be ruptured, or the patient would flow to death. She accordingly took a pair of sharp-pointed scissors, and ran them into what she supposed to be the placenta. Another pain brought the head of the child into the world. I arrived at that moment. Upon making an examination, I was greatly surprised to find so smooth a head. Upon calling for a light, I discovered that the scalp was completely torn from the head, and thrown down over the chin and back of the neck. I delivered the woman instantly, and threw the flaps back over the child's head. The wound extended from the back of the right ear, across the top of the head, and one-third across the forehead on the opposite side. It was nearly twelve inches long. The child was perfectly scalped. The

opening which the woman supposed was into the placenta, was upon the top of the head, and about two inches long. The pains of labor enlarged the wound, as a squirrel is sometimes skinned by an opening on the back, and pulling in opposite directions. I washed the wound, and brought the lips of it accurately together, and applied fine sutures and adhesive plaster to it. In three weeks the child was well. I never knew a wound heal more kindly in any subject.

DEERFIELD, MASS., February 19, 1852.

NOTE.—We are pleased to hear from our venerable friend Dr. Williams. His long experience, and close observation, in the practice of medicine, entitle his views to marked respect. We are particularly gratified to have such correspondents from other States. It proves to us that we have not labored for naught, and that our humble efforts to establish a New Jersey Journal of Medicine, have found their way to the sympathies and good wishes of distant friends. We hope Dr. W. will continue to remember us.—*Ed.*

BIBLIOGRAPHICAL NOTICES.

The Organizing of the American Medical Association. Read before the Philadelphia County Medical Society, by the President, SAMUEL JACKSON, M. D., formerly of Northumberland: pp. 11.

WE commend the excellent remarks of the venerable president of the Philadelphia County Medical Society to the earnest attention of our readers. His views upon the necessity of reconstructing our National Medical Society upon a more enlarged and liberal basis, in correspondence with our political system, are so just and forcible that we do not see how they can be controverted.

While Dr. Jackson admits that the present mode of admitting delegates from medical societies, colleges, hospitals, and other organized medical institutions, was appropriate to the formative stage of the Association, yet he conceives that it is now liable to many valid objections; amongst these the following are mentioned:—

"The profession is very unequally represented. The Constitution says: 'The delegates shall receive their appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing.'

"Now it happens that in cities, a physician who is a member of several institutions, is elected by them all, and he goes to the Association as a Bashaw with many tails. Sometimes he rejects his supernumerary honors, and calls himself a delegate from some favorite institution only. Colleges furnished with five or seven professors, send two of their members, and hence it happens that the collective colleges in the United States have an over proportion of representation. This has created dissatisfaction, and to a degree apparently over-proportioned to the cause; it resembles too much the election of members of Parliament from the rotten boroughs of England. So when an hospital or any other institution is supplied with only one physician this one may go every year to represent himself.

"All permanently organized medical institutions of good standing are permitted to send delegates. Now who is to determine whether certain institutions are *permanently organized*, and also, whether they are of *good standing*? 'Oh! the Association will reject at its meeting all that do not come within the letter, provided an accusation is brought.' Indeed! but this would be a very troublesome procedure, and extremely invidious, rendering the accuser almost hateful. It occurred in Philadelphia, in Charleston, and it was on the very verge of giving infinite trouble at Boston.

"Again—two or three physicians who would not be received into any Association of *good standing*, may suddenly call themselves a *Society permanently organized*, and then send a delegation. When you hear this new Society announced at the Association, you are ready to cry out like Dido: Who is this stranger—*Quis novus hic nostris successit sedibus hospes?* There does not appear any reason whatever that we shall not see a delegation to Richmond from the female medical college. Nay, it is highly probable that next May will exhibit such a monstrous medical phenomenon as will leave nothing worse for posterity to gaze upon."*

Dr. Jackson contends that County Medical Societies are the only bodies which should have a right to send delegates to the National meeting. These institutions are most likely to embrace the talent and respectability of the profession in their respective localities. They constitute the medical people; the voters of the profession; whose interests and standing are to be affected, for good or evil, by the doings of the great medical congress of the country.

* Nil erit ulterius quod nostris moribus addat
Posteritas—

Juv., Sat. i.

Dr. Jackson proposes farther, that every member of a County Society shall receive a diploma, testifying that he is a member thereof, as well as of the State Society, and of the American Medical Association. He thus becomes a citizen of the medical republic of his country, although he may never be deputed by his fellows to sit in its legislative councils.

The advantages of this plan are thus set forth:—

“The advantages of our plan are many, and more than can be now set forth. The government of individuals would be more perfect. This would devolve upon the County Societies. Each physician, except in large cities, is intimately acquainted with every medical man in his county, and thus all are qualified to judge whether A, B, or C ought to be admitted or rejected. They are also best qualified to ascertain who is fittest to be sent to the American Association. The County Societies then with open eyes will be the most desirable portals to the medical profession; and their triune diploma will prove a draft for respect and consideration wherever presented.

“This organization would annihilate at once all the inveterate jealousy of the schools that now exists in the profession, by putting all men on a perfect equality in respect to their representative rights. The professors would be elected delegates with regard to their talents and learning, and not as at present on account of their fortunate station.

“It is of primary importance, to add to the respectability of the County Societies—this would be done by securing the attendance of the *magnates* in the profession, and causing them to take a hearty interest in the business. These Societies are the *Alpha* and *Omega* of the government of individuals, they are the outposts of the profession, and every means of rendering them respectable ought to be used. Our great men, finding no other portal to the State Society or to the great Association, would attend them more faithfully, and greatly add to their popularity and usefulness.

“We should avoid all the confusion and troublesome collisions that now obtain in the election of delegates. It often happens at present, that the same men are elected from several different institutions of which they are members, as universities, hospitals, colleges, and various societies; now to avoid this unjust accumulation of honors on a few general favorites, much trouble must always be incurred.

“The organization proposed would prevent delegations from all unworthy societies. Under the present constitution, as observed above, a few men, two or three, who would not be received into any respectable Society, may suddenly coalesce and send a delegate, with whom you would not be willing to act in a committee.”

The objections which have been started to this plan are thus met:—

“It has been objected that, by excluding the schools, you would shut out many of the most vigorous intellects in the profession. This objection is more wind or mere words, like Hamlet’s letter. Cannot these noble spirits join the County Societies and attend to the duties thereof? The professors are men of business, accustomed to public speaking and debate; their station commands respect; when they come to this floor upon a nominal equality with us, we do not envy them; nay, we are pleased with their condescension, and if they attend faithfully to the business of the Society,

we shall prefer them. They have never failed in this house to be elected delegates to the State Society, and they would have been elected also to the Association, but they rather chose to go from their schools.

"If it be objected that such an extensive revolution is difficult, I would answer—No. The work would be almost infinitely divided, and among so many that it would be found an easy task. Only let the Association give their fiat, and the work will soon be done in all its parts through the whole United States; for it is principally a work of words, in which the American people are said to find great delight. If the Association decree that, in the year 1854, this change shall be made, they will find it done at their bidding. The mere beauty of this universal government would stimulate to the speedy establishment thereof. Who would not rejoice, whose heart would not be gladdened, to see this great empire covered and served by educated physicians, all yielding obedience to one symbol of ethics and to the triune government now proposed."

New Jersey has in the main already adopted the plan proposed by Dr. Jackson—except that she has sent delegates from both the State and County Societies. She has at least recognized no privileged classes, and we feel assured that her influence will be exerted in the National Council of the profession to bring about the proposed change.

There is certainly no good reason why a self-constituted choir of medical teachers, who may obtain legislative authority to grant diplomas, should be entitled to a representation in a great meeting of physicians, which proposes to legislate for the good of the whole profession, and not for particular classes.

As this subject will probably claim the consideration of the forthcoming meeting at Richmond, we feel particularly gratified to find it handled in so able and convincing a manner, by one whose age and reputation must impart great weight to his opinions; and we hope that our readers will generally have an opportunity of perusing the address for themselves.

An Address on the Occasion of the Centennial Celebration of the Founding of the Pennsylvania Hospital. Delivered June 10, 1851. By GEORGE B. WOOD, M. D. Published by the Board of Managers.

LIKE the other productions of Dr. Wood, the work before us is remarkable for its plain, truthful, practical character. After giving a history of the organization and successful management

of the hospital in its several departments, its claims for support are presented to the reader in a spirit of enlarged charity, which, while it sustains the interests of this cherished institution, desires to kindle in the "bosom of benevolence" a "flame, which by its genial warmth may contribute to the bursting forth of the buds of other charities into flower and fruit." After the Address, follows an Appendix, containing the charter of the hospital granted by the Provincial Assembly of Pennsylvania in 1750-51, with the rules of the hospital now in force; a list of the managers, treasurers, medical officers, resident physicians, stewards, matrons, contributors, &c., from the commencement of the institution to the present time; making in all a neat volume of one hundred and forty-one pages.

Homœopathy; an Examination of its Doctrines and Evidences.

By WORTHINGTON HOOKER, M. D. Author of "Physician and Patient," and "Medical Delusions." New York, Charles Scribner, 145 Nassau St. 1851.

WE do not understand it to be the object of Dr. Hooker merely to supplant the popular delusion named in the title-page of the book before us—but to do a far greater and better work: namely, to point out the general sources of error into which the people, not only, but the profession, are too apt to fall in forming their estimate of theories, which are from time to time presented to their notice; and to inculcate such principles of careful observation, and cautious reasoning, as will lead to the development of truth. The best we can say for the book, is to recommend it to our readers. Its spirit seems to be just and candid, granting to homœopathy all the strength it will bear, while it honestly portrays its weaknesses.

Discourses delivered by appointment before the Cincinnati Medical Library Association, Jan. 9 and 10, 1852. By DANIEL DRAKE, M. D., Cincinnati. Published for the Association by Moore and Anderson, 28 Fourth St : pp. 93.

AMONG the numerous books and pamphlets which have found their way to our table during the past month is one named above, which we have read with no ordinary degree of interest and profit. We are pleased with the high professional tone which characterizes the discourses, and are proud to number such a man as their author in the ranks of the profession of medicine. We are proud, too, of his New Jersey origin; for Dr. Drake, who is one of the most independent thinkers and writers in our country, is a native of this State, and has carried with him beyond the Alleghanies something of the New Jersey spirit and independence which originated our State medical organization eighty-six years ago, and has kept it alive to the present time, in spite of every effort to put it down. The Association did well to select as their Orator, one who became identified with Cincinnati as a medical man within twelve years of its first settlement; and Dr. Drake did well to speak in his first discourse of *early medical times in Cincinnati*, for probably no man living was more competent to do so than he. The subject would *seem* to have only a local interest, but this is far from being the case, as it is handled in such a manner as to make it interesting alike to the professional or non-professional reader abroad, as well as at home. One error we notice in the first discourse. Dr. D. speaks of Dr. Caldwell, on page 44, as, "with the exception of Dr. John Redman Coxe, of Philadelphia, perhaps the earliest living graduate of the University of Pennsylvania." Dr. Lewis Condict, of Morristown, in this State, an efficient and *active* member of the New Jersey Medical Society, can claim a seniority equal to that of Dr. Coxe, having graduated with him from that time-honored institution in 1794. The second address is devoted to a brief view of the *history of medical journals and libraries*, more particularly in this country, and will prove of lasting interest and value to the profession.

The importance of establishing medical reading-rooms and

libraries of rare and valuable books, especially in the larger cities, is strongly urged, for very obvious reasons which we need not repeat.

"I fervently hope that the profession in each city will cast away all jealousy, and strife, and evil speaking, and nobly emulate each other in those labors of observation, experiment, reading, and publication, which are necessary to the building up of an enlightened and liberal profession in our highly favored land. Among the measures which they can and should adopt, is that in which we are now engaged. They should each have a city library, in which all the past and current periodical literature of our own, and much of that of foreign lands should be constantly received; in which all the medical writings past and present of our own country should be collected; in which the imperishable works of past ages, and the great and expensive works of all the present, should be collected and brought within the reach of the inquiring student and the physician, whose means are too limited to permit his doing more than purchase the ordinary compilations of the day. This would be taking up medical improvement where our schools lay it down. We are too much accustomed to look to *them* for the elevation of our profession. Experience has proved that, in this country, they are not permitted to do more than teach the *rudiments* of the science. On that knowledge our students engage in the duties of the profession, and grow old in practice, without becoming profound in science. It is for those who congregate in cities to create and use, and offer to all around, the means of more varied learning and deeper research."

We feel assured that our readers will read this little book with pleasure, and as it can be readily forwarded through the mail, we doubt not that the publishers would willingly respond to any demand for it. *

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION—COUNTY SOCIETIES.

IN our bibliographical department will be found a brief review of an admirable pamphlet, on the subject of reorganizing the American Medical Association, to which we would call the special attention of our readers.

In the July number of the *Reporter*, the resolutions to which reference is there made, were published; and they will come up for consideration before the ensuing meeting of the Association

to be held at Richmond, Va. We allude to the subject here, that the District Medical Societies of New Jersey, which are to hold their meetings during the present month, may be reminded that their action in favor of the resolutions is greatly to be desired ; and we would respectfully suggest, whether those societies whose regular meetings will not occur before the next meeting of the Association, ought not to be convened for the special purpose of expressing a sentiment upon this subject.

Now is an important period in the history of our national medical congress. The laity, so called, of the profession, are unfairly represented. The injustice exists in the fact, that the ratio of representation is more than three times as great from medical schools, hospitals, &c., than from the entire mass of the profession ; and already has the invidious distinction been allowed between *professors* and *laymen*. In the great brotherhood to which we belong no such difference should exist ; and we believe the time has come to *equalize* and *popularize* the whole system, by making a certificate of membership in a county medical society, a passport to membership in the national body.

Then would our American Medical Association be as a great centre, sustained by a vast and intelligent constituency, the extreme branches of which would be stimulated to enterprise in medical research, that would work without fear of being crippled or harassed by an unequal distribution of its honors.

We believe that medical education is advancing to a higher standard ; that the profession is rapidly going upward ; that the people are beginning to learn where true merit belongs, and will soon award to it all that it claims ; but to secure this end, those of the profession who have to do with the people must constitute the legislative body.

Will not our district societies see to this matter in season, and either send delegates to Richmond, or express themselves in a tangible form upon this subject, through the representatives from our State Society, whose names we give below.

Delegates from the New Jersey Medical Society, to the American Medical Association, to be held at Richmond, Va., Tuesday, 4th of May, 1852 :—

J. G. Goble, Newark ; Jas. Paul, Trenton ; J. B. Coleman, Trenton ; J. W. Craig, Plainfield ; Joseph Parrish, Burlington.

DEATH OF JOHN GRISCOM, LL. D.

THE name of Dr. Griscom is so intimately connected with the history of science in this country, and his reputation so widely extensive, as a philosopher and a great man, that it seems proper to notice in this place the fact of his death. He was a Jerseyman by birth, and his honored remains are now mingled with our soil; while his acts of service in the cause of education and philanthropy have written upon our State history the traces of imperishable good. Having at one time been connected with Rutgers's Medical College, in New York, as Professor of Chemistry, he continued during the remainder of his life to embrace within the scope of his interests the medical profession; and so far as his influence extended, he labored to advance the standard of medical education. Always having been moved himself by a lofty purpose, he appreciated and encouraged in others the same spirit. He was the projector of the High School system, founder of the House of Refuge plan of reforming vicious youth, and in the varied branches of philanthropic labor was eminently useful. The few last years of his life were spent in Burlington; and the shadows of his evening drew their gloomy pall around him here in our midst, where, honored and beloved, he had lived so usefully. For the last year of his life he was mostly confined to the house, and as it was our privilege to enjoy his close friendship and to administer to his wants, so it is our delight to dwell upon his memory, and to record this humble tribute of his worth. He was a Christian philosopher. In weakness, he carried the marks of strength. In the possession of exalted intellectual attainments, he was humble and childlike. Self was brought low; and the Christian's trust and hope were his. As he bent towards the grave, the bow of promise stretched over him, to soften and brighten his path; and, having marked well the age in which he lived, he has soared on high, to receive his crowning reward. He died in the 78th year of his age, while hundreds of his pupils still linger to honor his name. For ourselves, we may be allowed to say, as a companion of his last days, and a frequent sharer in the feelings of his heart, that we treasure in our memory the hours spent in his

chamber among the happiest of our life, and that we esteemed it a privilege to weep with those that wept around his dying couch.

THE BRITISH AMERICAN MEDICAL AND PHYSICAL JOURNAL.

We are sorry to say that this valuable journal is no more. Its subscribers having neglected it, death ensued from marasmus. It is buried; on its gravestone is written the fact, that at the time of interment \$1800 were due from *subscribers*, and \$627 due to the *publisher*. What a lesson for subscribers to learn while they sit in their offices and read the medical news. Those who furnish it, are struggling to keep their own and their printer's family from want, with but little heed in the shape of "material aid" from those who owe it. Think of it, brethren.

DR. PENNINGTON'S REMARKS.

We regret that these excellent remarks of Dr. P., which were furnished at our request, were not sent us in season to be printed with the Transactions of the Society; owing to a misapprehension as to the time that they were needed by the printer. To make them complete here, the resolutions to which they refer will be reprinted.

The crowded state of our columns this month, is our apology for such a meagre display in the Eclectic department. We have been obliged to divide two of the original articles, and would take this opportunity to exhort our correspondents to brevity and clearness. "Perspicuity is the first excellence of writing or speaking."

EDITOR'S TABLE.

Two Lunatic Asylum reports lie on our table this month, viz. :—

The Report of the Pennsylvania Hospital for the Insane, for the year 1851, being the Eleventh Annual Report of that Institution; and the First Annual Report of the State Lunatic Asylum for the State of Pennsylvania.

During the past year, there were admitted into the former Institution, 204;

discharged, 201; leaving at the close of the year, 216. Total number of patients in the hospital during the year, 417. Of the discharged, there were cured, 107; much improved, 13; improved, 32; stationary, 23; died, 26.

The latter Institution was opened for the reception of patients, on the first of October last, from which time to the 31st of December, 37 patients were admitted, of whom 24 were males, and 13 females. We trust the next Report will appear in a style more worthy the State from which it emanates, at whose expense we suppose it is printed. We feel confident that the Institution will prosper under the jurisdiction of our friend Dr. John Curwen, who has been wisely chosen as its chief officer.

Notice of some of the Medical Improvements and Discoveries of the last Half Century, and more particularly in the U. S. of America. Read before the Franklin Medical Society of the State of Massachusetts. By Stephen W. Williams, M. D., &c., President of the Society.

This essay, which is extracted from the New York Journal of Medicine, is an excellent historical document, worthy of preservation for future reference.

A History of the Art of Midwifery: A Lecture delivered at the College of Physicians and Surgeons, Nov. 11, 1851, Introductory to a Course of Private Instruction on Operative Midwifery, showing the past inefficiency and present natural incapacity of Females in the Practice of Obstetrics. By A. K. Gardner, M. D., &c.

Dr. Gardner speaks his mind boldly and fearlessly on an important subject, regardless of the ire of female M. D.'s and their instructors, who are certainly men having "an eye to business," and no doubt expect to reap rich harvests in their "popular" vocation!

We have also received a number of addresses, catalogues, &c.

ECLECTIC AND SUMMARY DEPARTMENT.

Large Doses of Quinia.—"Times change," and a few years suffice very materially to alter the opinions of mankind on the same subject. The writer recollects ten years ago, when apprentice in an English drug establishment, how he doled out with trembling hands, on "apothecary's license," doses of the sulphate of quinia of from *one-half to one grain*! True, it had long before been taken by experimenters in quantities that we scarce dare name on the same page with the above, but, with the prevalent ideas of doses that influenced us at that time, we dared not give more than we did without the authority of a physician's name to back us! But how is it now? Quite a warm discussion is going on in some of our exchanges as to whether quinia in doses of from *fifteen to thirty grains* is *sedative* or *excitant*, and the advocates of the former doctrine would seem to have the best of the argument; that is, if we may rely on what they relate as their experience.

In the *Stethoscope*, for March, are two articles advocating quinia in large doses as a sedative, in reply to one in the January number of the same

journal, by Dr. R. L. Madison, of Va., who claims that it is excitant in its action, and laments that it is becoming fashionable, especially at the South, to give it in large doses. But it would appear from Dr. M.'s article that he himself gave doses of *twelve* and *fifteen* grains with great benefit! (Query! What does Dr. Madison consider a "large dose" of quinia?)

We confess ourselves decidedly favorable to large doses of the medicine, though we should be glad to know the standard by which we are to judge; for if a large dose consists of from half a drachm upwards, we must protest against it on one account, at least, and our objection should be a popular one, certainly, in this democratic country; and that is, the poor chance the "masses" have of "enjoying the luxury" of a dose of quinia of from half a drachm to ———! Another thought deserves, perhaps, a little consideration, viz.: the possibility of the demand exceeding the supply, and the total annihilation of the cinchona forests of South America!

By the way, how do our friends who employ these doses give it? In molasses? Bah! it is a "large dose" for us to *think* about that. However, there is a way of giving it, and hiding the enormity (?) of the dose too, if they will. It is as follows: Take any given quantity of sulphate of quinia and add to it aromatic sulphuric acid, of the pharmacopœia, sufficient to make a thick fluid, and triturate it with a spatula on a tile till it thickens into a mass. Five or ten grains can thus be made into a medium-sized pill, which is very soluble. S. W. B.

Operations of Ovariectomy.—In our last, we noticed Dr. W. L. Atlee's pamphlet with the above title. There is in it evidence of great labor and research. Dr. A. has collected, and thrown into tabular form, 222 cases in which the operation was performed between the years 1701 and 1851. Of these, 146 recovered, and 76 died. Proportion of deaths one in three, nearly.

Dr. C. Clay performed the operation forty times, and lost 9 patients. Four of his operations were not finished, being only exploratory. Dr. Fred. Bird operated twenty-seven times and lost six patients. Dr. W. L. Atlee has operated eighteen times, and of the fifteen cases reported in the pamphlet before us, six died. *

At the recent Commencements of Medical Colleges, in the neighboring cities of New York and Philadelphia, the following young gentlemen of New Jersey received the degree of M. D.

College of Physicians and Surgeons of New York.—Charles S. Chandler, Elizabethtown; Bethuel L. Dodd, A. B., Newark; Joseph B. Goodenough, Freehold; Ezra M. Hunt, A. B., Metuchin; Edward P. Nichols, A. M., Newark; Samuel H. Orton, A. M., Caldwell; James Reiley, A. B., Stillvalley; David E. Smith, A. B., Princeton; William C. Smith, A. M., Paterson; Luther G. Thomas, A. B., Newark.

Medical Department of the New York University.—R. B. Kipp, G. B. Lawrence, T. V. Menagh, H. T. Mesler, H. Norton, W. T. Pierson, and A. Young.

New York Medical College.—Michael Moss.

Jefferson Medical College, Philadelphia.—Geo. H. Doane, B. A., Edward O. Dummer, Joseph Moore, John B. Richmond, B. A., Abner Woodward, Jr., James J. Wright.